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Shape of the Nation Report

MICHIGAN AMONG WORST IN THE NATION FOR PHYSICAL EDUCATION REQUIREMENTS

RESTON, VA, May 15, 2006 – With no state requirements for physical education at the elementary, middle or high school levels, Michigan has been identified by the National Association for Sport and Physical Education (NASPE) as one of the worst states in the country for physical education requirements. Those are among the findings of the latest *Shape of the Nation Report: Status of Physical Education in the USA*, recently released by NASPE and the American Heart Association (AHA).

“Despite skyrocketing childhood obesity rates and calls from Congress, the Surgeon General and Centers for Disease Control and Prevention for high quality daily physical education programs, most states join Michigan in receiving a failing grade on their physical education requirements,” said NASPE Executive Director Charlene R. Burgeson. “In fact another federal initiative, the No Child Left Behind Act (NCLB) of 2001, is threatening the amount of time available for physical education. NCLB focuses on student achievement in defined core academic subjects. As states develop or select standardized tests to hold schools and students accountable, content that is not tested, such as physical education, has become a lower priority.”

Conducted every five years the purpose of the *Shape of the Nation Report* is to provide current information about the status of physical education in each state and the District of Columbia in the following areas: time requirements, exemptions/waivers and substitutions, class size, standards, curriculum and instruction, student assessment, teacher certification, National Board Certification, state physical education coordinator and body mass index collection. For the complete report, visit www.naspeinfo.org.

According to M. Cass Wheeler, CEO, American Heart Association, “Children are more overweight than ever before and they’re at great risk of developing cardiovascular disease as they reach adulthood. Now is not the time for schools to cut physical education, and deprive children the chance to adopt healthy lifestyles. We must mandate that quality physical education be required at all grade levels and that it be taught by qualified teachers.”

Since the last *Shape of the Nation Report* in 2001 there has been a continued increase in childhood and adult overweight and obesity. Currently 16% (over nine million) of children and teens age 6 to 19 years are overweight and an additional 31% are at risk for overweight. Even though a majority of states mandates physical education, most do not require a specific amount of instructional time and about half allow exemptions, waivers, and/or substitutions. The “loopholes” significantly reduce the effectiveness of the mandate.

Another general pattern with differential impact on physical education is local control of education. Some states establish standards or very broad guidelines for curriculum content and defer specific decisions regarding time, class size, and student assessment to local school districts or even schools. This results in very diverse patterns of delivery for physical education within states.

Highlights

- Forty-six states and the District of Columbia have their own state standards for physical education.
- Almost one-fourth of states (24% or 12) allow required physical education credits to be earned through online physical education courses.
- Forty-three percent of states (22) require physical education grades to be included in a student’s grade point average (GPA).
- All 50 states and the District of Columbia have a process for certification/licensure of physical education teachers.
- Currently only three states – Arkansas, California and Illinois – require schools to measure body mass index (BMI) for each student.

Recommendations for Action

NASPE and AHA want to remind America that “Physically active, healthy kids learn better!” School age youth need at least 60 minutes of moderate to vigorous physical activity every day. To achieve that level of activity, NASPE and AHA recommend that schools across the country make physical education instruction the cornerstone of a comprehensive school physical activity program that also includes health education, elementary school recess, after-school physical activity clubs and intramurals, high school interscholastic athletics, walk/bike to school programs, and staff wellness programs. It is particularly important that voluntary programs (i.e., after school physical activity clubs, intramurals) are designed to attract all students, especially those not interested in traditional athletic programs.

Physical education is a planned instructional program with specific objectives. An essential part of the total curriculum, physical education programs increase the physical competence, health-related fitness, self-responsibility, and enjoyment of physical activity for all students so that they can establish physical activity as a natural part of everyday life.

The preeminent national authority on physical education and a recognized leader in sport and physical activity, the National Association for Sport and Physical Education (NASPE) is a non-profit professional membership association that sets the standard for practice in physical education and sport. NASPE’s 17,000 members include: K-12 physical education teachers, coaches, athletic directors, athletic trainers, sport management professionals, researchers, and college/university faculty who prepare physical activity professionals. NASPE seeks to enhance knowledge, improve professional practice, and increase support for high quality physical education, sport and physical activity programs through research, development of standards, and dissemination of information. It is the largest of the five national associations that make the American Alliance for Health, Physical Education, Recreation & Dance (AAHPERD). To assess whether your child is receiving a quality physical education program, visit www.naspeinfo.org/observePE for an observation assessment tool.



Changing the Shape of Our Youth Through Quality Physical Education

Introduction

Quality physical education programs do much more than merely keep students active. While physical *activity* (PA) is a behavior that is important to a healthy lifestyle, physical *education* (PE) is a curricular area that promotes development of the knowledge, skills, fitness levels, competence and confidence needed to lead physically active, and therefore healthful lives, now and in the future.

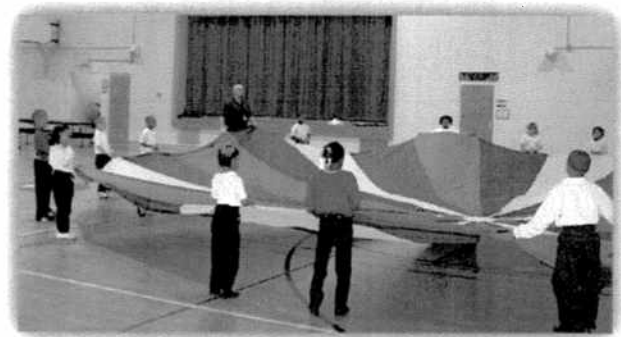
Many chronic health problems experienced by today's adults and young people are due to physical inactivity. There is a strong correlation between skilled performance of fundamental motor skills – a basic tenet of physical education – and participation in physical activity. People who are not skilled in fundamental motor skills tend to avoid physical activity. People who are capable of

performing the basic skills necessary for participation in physical activities are more likely to enjoy participating in those activities, and thus will be more motivated to participate. The Exemplary Physical Education Curriculum (EPEC) was designed to give students not only the knowledge and skills they need to be active for life, but the feelings of competence and confidence necessary to enjoy physical activities.

*Physical education is much
more than a place to
exercise; it's a place to learn.*

Overview

The Exemplary Physical Education Curriculum is an important public health and school reform initiative that allows physical educators to participate as full partners in their schools and districts by delivering a quality physical education program that includes sound instruction and assessment to ensure that students are learning. EPEC is working to shift the emphasis of physical education away from merely keeping students busy, happy, and good toward instruction and assessment based on clearly defined objectives. As a result of a defined direction and clear objectives, students are more likely to learn, develop competencies and confidence, and be prepared for a physically active life.



The emphasis of EPEC is on learning, yet it is easy to use for the teacher and fun for students. In addition, EPEC is the only physical education curriculum to receive the ***Achievement in Prevention Research and Research Translation in Chronic Disease Award*** from the Centers for Disease Control (CDC).

"EPEC has provided me with focus and direction in meeting the NASPE standards. It has brought credibility to the physical education program in my school. The newly revised K-5 materials are a result of the EPEC staff listening to feedback from those of us in the trenches and involving us in reviewing and writing additional activities and rubrics. The result is an awesome curriculum with user-friendly, graphically rich, instructional materials that work."

Dan Hogg, Pottsville Public Schools
Michigan Elementary Physical Education Teacher of the Year – 2000

The multiple components and subcomponents of EPEC interrelate to form a highly effective educational delivery system (see Figure 1). The EPEC curriculum is delineated in a *minute matrix* (i.e., what is taught, where it is taught, and how long it is taught at each grade level) and *scope and sequence matrices* (i.e., the specific details of what is taught in each lesson). The *Teaching/Learning Progressions* (TLPs) provide detailed descriptions of each of the developmentally appropriate, sequential learning steps of an objective. The *assessment rubrics* condense each TLP step into the essential assessment criteria. These criteria and cue words/phrases are used in the *instructional segments* as the basis for the explanation and demonstration. Accompanying *posters* are constructed from the assessment rubrics so students know exactly what is expected of them. *Reinforcing activities* add fun ideas to bolster learning on each TLP step.



The program objectives in EPEC are based on the ideals of what students should know and be able to do once they graduate from a physical education program as defined by the National Association for Sport and Physical Education in a document titled *Moving into the Future: National Standards for Physical Education* (NASPE, 2004). This makes EPEC a true standards-based curriculum and not merely a compilation of activities.

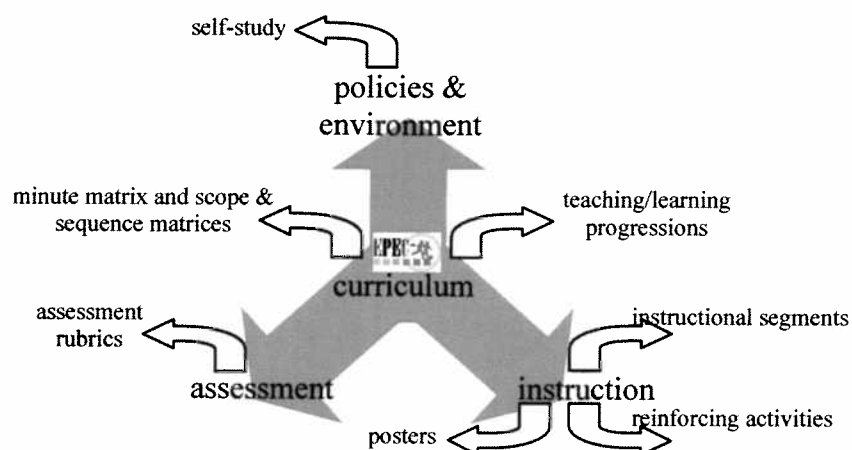


Figure 1. The components and subcomponents of EPEC.

Evidence of Effectiveness

EPEC was developed based on the components of a quality physical education program model and the national content standards for PE. A high-quality PE program consists of four crucial components as described in The Physical Education Curriculum Analysis Tool (PECAT): curriculum, instruction, policy and environment, and assessment (Centers for Disease Control and Prevention, 2006). The more complete a PE program is, the greater its effectiveness and therefore quality, meaning that strong emphasis must be placed on each area (DeJong et al., 2002). EPEC is cited as a quality physical education program in a special obesity epidemic issue of the publication of the National Association of State Boards of Education (Wechsler et al., 2004) and was highlighted as a success story for implementing CDC physical activity promotion guidelines (Kuntzleman and Vogel, 1998).

The CDC has also identified EPEC as an innovative curriculum with solid scientific grounding that equips students to be active for life (USDHHS, 2001). Unlike other curricula, EPEC is intended to shift the emphasis of PE away from merely keeping children busy, happy, and good, toward standards-based education based on the national content standards for PE set forth by the National Association for Sport and Physical Education (NASPE). EPEC teaches toward specific, highly valued objectives in a systematic way to create lasting change.

"During my 20 years in education, most recently as a principal, I have observed a lot of "supervised recess" that masqueraded as physical education. It is hard to defend the necessity of a PE program where the "instructor" has students merely run around without purpose. The EPEC program has changed this perception of physical education. It is a well-sequenced, developmentally appropriate curriculum that makes physical education instruction purposeful, relevant, and defensible."

Charles Taylor, Principal,
Immaculate Conception Elementary School
Traverse City, Michigan

In 2002, the CDC recognized EPEC as a successful public health and educational initiative with the *Award for Achievement in Prevention Research and Research Translation in Chronic Disease*. The CDC also selected EPEC as one of two chronic disease prevention programs nationally to evaluate for two years.

Ultimately, education must be about student gains, and the implementation of EPEC has yielded impressive results in students across a variety of PE outcomes. Multiple studies show EPEC's effectiveness at increasing health-related outcomes. In comparing EPEC vs. non-EPEC programs, students taught with EPEC had significantly higher fitness scores (Kulinna et al., 2000). Using a hierarchical linear modeling technique, researchers found that EPEC-taught students showed gains in health-oriented outcomes, specifically physical fitness, motor skill development, and personal/social behaviors (Kulinna et al., 2006b).

In a PEP grant study that used pedometers and web-based software to monitor physical activity and fitness, scores related to both of these measures increased. The results far exceeded projections with students' cardiorespiratory endurance scores increasing by 41% and their physical activity levels (in and out of school) increasing by 25% (McCaughy, 2005).

In the CDC-funded study, EPEC students, as compared to students receiving standard P.E., reported significantly greater total minutes of physical activity and energy expenditure during activity (Boyle-Holmes et al., 2009). This increased physical activity and energy expenditure is noteworthy in that it was measured across an entire day, suggesting EPEC students are more likely to be active on their own, beyond the walls of the physical education class. This is most likely due to the important student outcomes related to other P.E. content standards described next.

The goal of EPEC is not simply to increase physical activity and fitness, but also to teach all the important content in physical education. For a program to positively influence students not only in

the present, but also throughout life, it must equip them with the motor skills, knowledge, and personal/social skills needed to be physically active beyond the classroom. The CDC-funded study, “. . . provides evidence that [EPEC] can improve motor skill-specific efficacy and proficiency without the loss of fitness levels compared to standard PE curricula requiring similar amounts of class time” (Boyle-Holmes et al., 2009). The fact that EPEC was effective at improving motor skill performance and self-reported motor skill-specific self efficacy, supports the hypothesis that motor skill competence and confidence are important influences in promoting increased physical activity amounts and intensities (Russell et al., 2006; Boyle-Holmes et al., 2009).

EPEC has also been shown to increase knowledge and personal/social behaviors. In the mostly minority population involved in the Detroit PEP grant study, students’ knowledge of fitness and physical activity increased and personal/social behaviors increased among EPEC-taught students (Kulinna, 2005; Martin, 2005; Kulinna, 2010).

Although student gains are the ultimate goal of any education initiative, teacher implementation of the curriculum that brings about those gains drives everything else. The EPEC professional development training had significant value in increasing teachers’ self-efficacy toward educational change, specifically for teaching components of the EPEC curriculum: motor skills, physical activity and fitness knowledge, and personal/social skills (Martin et al., 2004; Martin et al., 2006; Martin et al., 2008). This most likely resulted in not only increased intention to teach EPEC, but also to actually teach EPEC, thus delivering more NASPE-defined content during PE class (Kulinna et al., 2006a; Kulinna et al., 2008). Seeing student gains is clearly a key motivation for teachers to more fully implement a standards-based curriculum. For example, in a study involving 123 teachers from 53 districts throughout Michigan, 98% of teachers indicated increased eagerness to incorporate EPEC into their teaching after seeing dramatic student improvement—demonstrated by assessment—after only 15 minutes of EPEC instruction (DeJong and Albrecht, 1998). They overwhelmingly rated EPEC lessons as clear, easy to teach, and developmentally appropriate.

In another study of a PEP-grant-funded district, using inductive analysis and triangulation, teachers perceived “. . . the physical education and equipment and instructional posters allowed them to better fulfill their mission of teaching students to be physically active and healthy” and therefore able to conduct high-quality programming (McCaughtry et al., 2006a). Specifically, the EPEC detailed posters “. . . illustrated all major phases of the movements they taught” and “. . . enhanced their ability to provide developmentally appropriate instruction.” They also “. . . believed the instructional posters that illustrated both boys and girls in action-oriented situations motivated their female students to be more physically active” and “. . . that having their students see African-American females depicted in physical activity motivated these girls to try new activities.”

Another comprehensive study of urban curriculum reform on the emotional dimensions of teacher change provides insights into the implementation of EPEC (McCaughtry et al., 2006b). EPEC was attractive to teachers for its potential to get students to be more active and healthy, even if it meant wholesale changes in their approaches. They thought EPEC’s comprehensive scope and sequence, when implemented across a large district, helps transient students make seamless transitions to new schools. While initially unsettled about teaching something new, their comfort levels dramatically increased when they observed students actually learning and not just playing. “I came back [from the EPEC workshop] and taught the kids about compassion and they had all sorts of things to say like ‘I show compassion to my brother when I share my ball.’ They’re still talking about that lesson.”

Teachers also reported that EPEC elevated teacher credibility to be on par with other subjects like math and reading (McCaughtry et al., 2006b). It gave them a curricular roadmap that brought legitimacy to their programs. “For these teachers, a new and burgeoning sense of professionalism emerged as they learned and implemented EPEC. They saw it as something to be proud of alongside other professional subjects like math and science. This feeling of pride, in turn, meant a great deal to them in terms of how they felt about their role in curriculum change.”

In summary, EPEC is an evidence-based, award-winning curriculum that not only increases physical activity and fitness, but also enhances outcomes students need to be active for life, including motor skills, self-efficacy, fitness and activity-related knowledge, and personal/social behaviors. EPEC is a true standards-based curriculum with sound instruction and assessment, that teachers report is developmentally appropriate and enhances their role as a professional educator.

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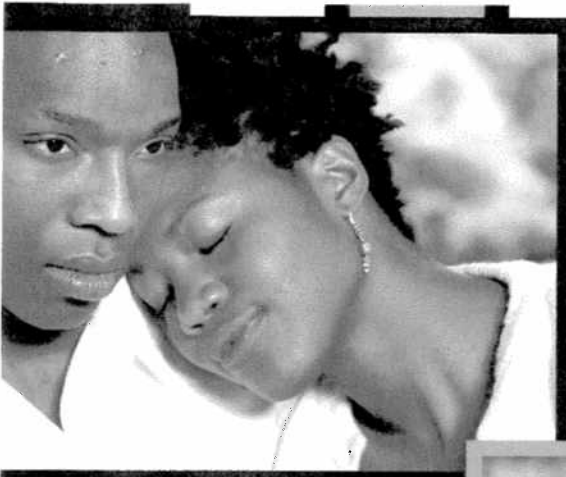
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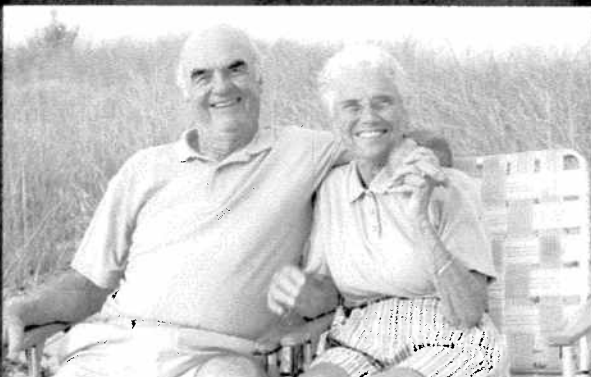
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Preventing Diseases Through Physical Activity

Legislator Policy Brief



The Healthy States Initiative

A partnership to promote public health

The Healthy States Initiative helps state leaders access the information they need to make informed decisions on public health issues. The initiative brings together state legislators, Centers for Disease Control and Prevention (CDC) officials, state health department officials and public health experts to share information and to identify innovative solutions.

The Council of State Governments' partners in the initiative are the National Black Caucus of State Legislators (NBCSL) and the National Hispanic Caucus of State Legislators (NHCSL). These organizations enhance information-sharing with state legislators and policymakers on critical public health issues.

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Why public health?

State legislators play a vital role in determining the structure and resources available to state and local agencies dedicated to protecting the public's health. Public health agencies educate the public and offer interventions across a wide spectrum of public health issues including:

- Ensuring that children and at-risk adults are immunized against deadly diseases;
- Assisting victims of chronic conditions such as cancer, heart disease and asthma;
- Preventing disease and disability resulting from interactions between people and the environment;
- Researching how HIV/AIDS infections and other sexually transmitted diseases can be prevented;
- Promoting the health and well-being of people with disabilities; and
- Working with schools to prevent risky behavior among children, adolescents and young adults.

Information resources for state policymakers

New information resources produced under this initiative include:

- Healthy States Web site. This unique Web site offers information and resources on many public health issues. Visit <http://www.healthystates.csg.org> to get information, sign up for publications and view other information on the initiative.
- Health Policy Highlights and Healthy States e-weekly. Each week, this free weekly electronic newsletter brings the latest public health news, resources, reports and upcoming events straight to your inbox.
- Healthy States Quarterly. CSG publishes a free quarterly newsletter covering public health legislative and policy trends, innovative best practices from the executive and legislative branches, current research and information on Healthy States activities.
- Forums and Web Conferences. Web conferences are offered to allow public health experts, legislators and legislative staff to interact on priority public health issues. Forums include educational sessions on public health issues, new legislator training and roundtable discussions with peers and public health experts.
- Healthy States Publications. New resources will assist state legislators interested in public health topics, including obesity and chronic disease prevention, HIV/AIDS and sexually transmitted disease prevention, vaccines, health disparities and school health.

For more information

If you are interested in the learning opportunities available through the Healthy States Initiative, visit <http://www.healthystates.csg.org>, <http://www.nbcsl.org> or <http://www.nhcsl.org>.

Preventing Diseases Through Physical Activity

Overview

Regular physical activity is a vital component of promoting wellness and preventing disease. A lack of physical activity is linked to many chronic diseases including obesity, cancer, cardiovascular disease and diabetes.¹

This Legislator Policy Brief provides state policymakers with key background information about physical activity among youth and adults and identifies proven, cost-effective policy and legislative strategies to promote active lifestyles.

What Do State Legislators Need to Know About Physical Activity?

The benefits of physical activity are profound. For example, a sustained 10 percent weight loss will reduce an overweight person's lifetime medical costs by \$2,200 to \$5,300 by lowering costs associated with hypertension, type 2 diabetes, heart disease, stroke and high cholesterol.¹ Increasing regular moderate physical activity among the more than 88 million inactive Americans over age 15 could reduce such direct medical costs by as much as \$76.6 billion annually.²

In 2005, more than 50 percent of American adults did not get enough health-related physical activity and 24 percent were not active at all in their leisure time. Sedentary lifestyles have also contributed to a sharp rise in childhood obesity over the last 20 years. Among high school students in 2005, less than 44 percent of males and less than 28 percent of females met currently recommended levels of physical activity—60 minutes of moderate to vigorous physical activity on most, preferably all, days of the week. Moreover, daily participation in high school physical education classes dropped from 42 percent in 1991 to 33 percent in 2005.³

Evidence indicates that aspects of the home, school, work and community environments all influence physical activity levels. For example, the availability and accessibility of places to be active—such as attractive stairwells, bicycle paths, walking paths and swimming pools—may play a role in determining the type and amount of physical activity in which people engage.⁴ These factors also may contribute to disparities that exist in the people who engage in physical activity. Studies show that women are less active than men. Minorities, particularly African-Americans and Hispanics, and individuals of lower income status are also less active.⁵

Many states are addressing physical activity issues with statewide action plans, interagency cooperation efforts and health department initiatives.

What Can State Legislators Do to Encourage Physical Activity?

Legislators can support legislation and state policies that promote physical activity and provide access to more opportunities for people to engage in active and healthy lifestyles. They can:

- Become leaders in efforts to increase physical activity;
- Work to increase physical activity in schools;
- Help communities keep active; and
- Promote healthy workplaces.

Actions for State Legislators

Lead Efforts to Increase Physical Activity

- Contact your state health department, CDC's Division of Nutrition and Physical Activity and the National Coalition for Promoting Physical Activity to learn how many people in your state achieve recommended physical activity levels, what disparities exist and how other states are increasing physical activity.
- Work with state departments of health and education, providers and community-based groups to increase opportunities for physical activity in your state.
- Create or serve on a state commission to make recommendations on ways to improve the level of physical activity among citizens.
- Communicate with your constituents about resources such as parks, trails and recreation centers that support active lifestyles.
- Use the media. Record a public service announcement supporting physical activity. If you or a family member has improved their health status by engaging in physical activity, share your story.
- Be a role model—be physically active!

Increase Physical Activity in Schools

- Support legislation and work with the state department of education to require physical education for all children in grades K-12.
 - Provide incentives to enforce new or existing physical education requirements.
 - Assure quality by limiting exemptions from physical activity, developing standards for qualifications of physical education teachers and increasing time students spend engaging in vigorous-intensity activity.
- Work with the state department of education to encourage schools to:
 - Use CDC's School Health Index, a self-assessment and planning tool to improve health and safety programs;
 - Emphasize proper exercise techniques and participation in lifelong physical activity;
 - Incorporate physical activity in the core curriculum and throughout the school day and assure it is not used as a disciplinary technique;
 - Exceed minimum physical education requirements; and
 - Increase participation in physical activity among minority children.
- Support in-state activities of the President's Council on Physical Fitness and Sports and the National Society of Physical Activity Practitioners in Public Health.

Help Communities Keep Active

- Use state appropriations and funding to encourage communities and schools to:
 - Create more ways to walk/bike to school or work by building or clearing sidewalks and bike paths. State funds can be awarded based on local development plans.
 - Encourage construction of new schools in walkable locations.

- Enhance community access to physical activity by making school facilities open to the community.
- Help establish partnerships between schools and community organizations to provide reduced cost physical activity programs for youth and their families.
- Work with local community leaders to:
 - Use community-based and faith-based efforts to increase access to physical activity resources, especially among minority populations;
 - Provide an array of activities to attract different generations so youth can interact with adult role models;
 - Understand the impact of the built environment, or our manmade surroundings, on physical activity and support mixed-use zoning and transportation design to increase physical activity; and
 - Encourage the use of Health Impact Assessments in local community design during the planning and zoning processes to improve access to physical activity.
- Work with state and local health departments to:
 - Increase awareness by conducting public health education campaigns and community health fairs targeted to minority and other at-risk populations;
 - Provide access to risk factor screening and counseling by health professionals; and
 - Provide resources to strengthen support networks such as discussion groups or walking buddy programs.
- Work with health practitioners and medical educators to:
 - Reduce disparities in physical activity by tailoring patients' exercise programs consistent with cultural characteristics, language/dialect, availability of facilities and financial resources;
 - Incorporate cultural competency into training and performance standards for health care providers and physical activity instructors; and
 - Seek out community services that can assist in cultural competency development.

Promote Healthy Workplaces ---

- Work with the state health department and state employee benefits program to create wellness and physical activity programs for public employees, including school employees.
- Sponsor legislation to:
 - Provide employer tax credits or other incentives to establish certified worksite wellness and physical activity programs;
 - Limit liability for employers that offer physical activity programs from lawsuits stemming from activity-related injuries; and
 - Make grant money available for signage and other point-of-decision prompt campaigns that encourage the use of stairs.
- Work with insurance companies to:
 - Offer premium discounts to employers that engage in wellness initiatives; and
 - Provide incentives for health care providers to encourage patients to make disease prevention through physical activity a priority.

State Policy Examples

Video Game Getting West Virginia Kids Hooked on Physical Activity _____

With West Virginians consistently ranking among the nation's highest in rates of obesity, hypertension and diabetes, school officials were struggling to find an effective way to combat childhood obesity.

Ironically, they seem to have found it in a video game. After having great success with a pilot program in 20 schools, West Virginia health and education officials announced in 2006 that they would expand the use of the Dance Dance Revolution (DDR) game across the state. The video game uses a large mat and players step on places on the mat as directed by arrows on the television screen. As players improve, the physical activity game becomes increasingly fast-paced and vigorous. The game engages kids in an entertaining physical activity and encourages them to continue an active lifestyle.

Preliminary findings from a West Virginia University study showed that playing the game improved children's cardiac health, overall fitness and self-esteem and resulted in more positive attitudes about physical activity. Children who played the game daily stopped gaining weight. West Virginia's 157 middle schools had the game by early 2007 and the remainder of the state's 753 public schools are expected to have it by summer 2007. The \$740 per-school cost of the game and Xbox consoles is being shared by the West Virginia Public Employees Insurance Agency, the state education department, West Virginia University and Mountain State Blue Cross Blue Shield. Future plans include a national training center, an information clearinghouse, and a tool kit for physicians recommending the use of the game as a physical activity tool.

<http://www.wvportions.com/research/default.asp?sid=4&cat=35>

Washington Fosters Coalition-Building to Plan Active Communities _____

The Washington State Nutrition & Physical Activity Plan provides a framework for policymakers to work together to build and support efforts to encourage Washington residents to be physically active. One goal of the plan is to increase the proportion of Washington residents who get at least 30 minutes of moderate activity on five or more days a week by increasing the number of:

- people with access to free or low-cost physical activity opportunities;
- physical activity opportunities available to children; and
- active community environments available through zoning and land use regulation, transportation systems to encourage walking and biking, and improved safety for residents who walk or bike.

The plan has been a springboard for several legislative and Department of Health activities since its introduction in 2003. The Washington Partners in Action coalition brings together individuals, organizations, agencies and businesses to further goals of the plan and has had many successful programs and activities.

http://www.doh.wa.gov/cfh/NutritionPA/publications/npa_state_plan_2.pdf

http://www.doh.wa.gov/cfh/NutritionPA/our_states_approach/partners_in_action/default.htm

Maine Agencies Partner With Community Groups to Increase Physical Activity

Healthy Maine Partnerships is an innovative state initiative to collaborate with community health organizations in reducing tobacco use and increasing physical activity and healthy eating funded through tobacco settlement funds. At the state level, the partnership:

- Coordinates activities between the state departments of health and education to assist schools across Maine in developing quality coordinated school health programs
- Supports 31 local Healthy Maine Partnerships with training, technical and media assistance, evaluation and program development

Since Healthy Maine Partnerships was launched in 2003, the state has observed dramatic increases in the number of schools engaging staff and students in walking programs, opening their buildings for afterschool physical activity, developing fitness facilities and leveraging grants and local funds to support physical education and other programs.

<http://www.healthymainepartnerships.org>

Older Adults on the Move in Massachusetts

Keep Moving, administered by the Massachusetts Department of Public Health since 2001, is a statewide initiative to increase physical activity among residents older than 50 through a network of community-based walking clubs. An advisory committee consisting of public-private partners dedicated to physical fitness directs program activities.

Keep Moving boasts 155 walking clubs and 3,000 participants in rural, suburban and urban areas. Clubs are sponsored by local senior centers, churches, housing sites, and park and recreation departments. They are growing at a rate of approximately 12 per year. Keep Moving's current focus is on increasing the racial/cultural diversity of walkers, recruiting more male walkers and increasing walking in both urban and rural areas. Volunteer leaders, recruited and trained by Keep Moving, enroll their peers, organize club activities, preview walking routes and serve as community liaisons for the program.

<http://www.mass.gov/dph/fch/elderhealth/walkclubdir.htm>

California Trains Local Transportation & Public Works Officials on Creating Healthy Places

The California Center for Physical Activity received state transportation dollars to develop the Healthy Transportation Network (HTN) and to train local transportation and public works directors and staff on healthy places principles. The local experts can then provide technical and consulting assistance to local elected officials on developing safer walking and biking facilities, fostering more walking and biking for routine transportation, and creating community and urban environments that are walkable and bike-friendly. The HTN Web site also provides case studies of local success stories for elected officials, staff and community members, as well as resources for land use planners and transportation engineers.

<http://www.healthytransportation.net/>

Advice from a State Legislator

Promoting Policies that Support Physical Activity



Rosa Franklin
Washington Senate

Sen. Rosa Franklin is president pro tempore of the Washington State Senate and a member of the Health and Long-Term Care Committee. In 2005, the legislature enacted SB 5186, a comprehensive plan sponsored by Franklin, to improve opportunities for physical activity among Washington state residents. The law, among other provisions, directs county and city comprehensive plans to utilize urban planning approaches that promote physical activity whenever possible. In addition to being a legislator and member of Senate leadership, Franklin is a health care professional and retired nurse.

Her Advice To State Legislators:

- **Get involved.** “Make physical activity a priority by informing constituents about the benefits of active lifestyles. Seek out ways to increase opportunities for physical activity in your districts. Set an example by speaking to community groups and participating in public health events, such as fun walks and health fairs.”
- **Get local governments on board.** “Increased access to inexpensive or free opportunities for regular exercise in all communities is an important physical activity goal. Encourage local governments to include land use and transportation planning that promotes physical activity and pedestrian mobility in their comprehensive plans. One way to do so is by emphasizing physical activity when awarding state funding for local public projects.”
- **Encourage physical activity among youth.** “Starting people on the path to active lifestyles at an early age is critical. Promote curricula in your state’s schools that provide daily, quality physical education for all students while also offering opportunities for physical activity outside of a formal P.E. class setting.”

Want to Know More?

We'll help you find experts to talk to about this topic

If you would like to explore this topic in greater depth, contact us at the Healthy States Initiative and we'll help you connect with...

- an expert on this issue from the CDC.
- fellow state legislators who have worked on this issue.
- other public health champions or officials who are respected authorities on this issue.

Send your inquiry to <http://www.healthystates.csg.org/> (keyword: inquiry) or call the health policy group at (859) 244-8000 and let us help you find the advice and resources you need.

Advice from a State Legislator

Creating a Statewide Plan for Nutrition and Physical Activity

*Victor Colman, senior policy adviser
Washington State Department of Health*



Victor Colman is the senior policy adviser to the Division of Community and Family Health within the Washington State Department of Health. Since 2004, Colman has been involved in implementing the Washington State Nutrition & Physical Activity Plan, which was developed in 2003 as a framework for policymakers to make it easier for Washington state to make the healthy choice the easy choice.

His Advice To State Legislators:

- **Promote the benefits of prevention.** “Legitimizing prevention and establishing it as a policy priority is still a long way off for most states. Despite the incredible preventive aspects of nutrition and physical activity, many policymakers still tend to view it solely in terms of personal choice rather than in a shared individual-public policy framework. One solution is to get lawmakers to realize the state’s potential cost-savings associated with getting people more active. Once they understand that physical activity is already a public health issue, they will be more likely to support prevention policies.”
- **Utilize coalitions.** “Coalition-building is a proven and necessary method for moving policy agendas. When creating partnerships, be sure to seek out organizations that represent segments that one might not immediately associate with public health, such as transportation, public parks, planning and the broader business community.”
- **Private resources.** “States should be a key provider of resources for both public and private health initiatives. Potential resources provided could include program evaluation, sustainable funding and technical assistance.”

How Much Physical Activity Do You Need?

For kids:

- At least 60 minutes of moderate-intensity physical activity most days of the week,⁶ and it:
 - Can be up to several hours⁷ and should be age⁷ and developmentally appropriate⁸ and enjoyable⁸
 - Should include moderate and vigorous physical activity,⁷ be intermittent,⁷ involve a variety of activities,⁸ and can be achieved in a cumulative manner in school during physical education, recess, intramural sports, and before and after school programs.⁸

For adults:

- Moderate-intensity physical activity for at least 30 minutes on five or more days of the week or
- 20 or more minutes of vigorous-intensity physical activity three or more days per week.⁹

Key Facts and Terms

Americans are Not Getting Enough Physical Activity

- More than 50 percent of American adults do not get enough physical activity to provide health benefits.¹
- Among high school students, more than 56 percent of males and more than 72 percent of females did not meet currently recommended levels of physical activity in 2005.³
- Daily participation in high school physical education classes dropped from 42 percent in 1991 to 33 percent in 2005.³
- In 1969, 48 percent of children walked to or from school; in 2001, less than 15 percent did.¹⁰

What are the Effects of Physical Inactivity?

- In 2003-2004, 17 percent of U.S. children and adolescents were overweight and 32 percent of adults were obese.¹¹ In 2005, 46 states reported obesity rates of more than 20 percent and three states reported obesity rates of more than 30 percent.¹²
- Physical inactivity accounts for 22 percent of coronary heart disease, 22 percent of colon cancer, 18 percent of osteoporosis-related fractures, 12 percent of diabetes and hypertension, and 5 percent of breast cancer.¹³
- Health care costs associated with physical inactivity topped \$76 billion in 2000.¹ Physical inactivity accounts for approximately 2.4 percent of the cost of U.S. health care.¹⁴

Addressing Health Disparities Associated With Physical Activity

- Individuals with lower family incomes and less educational background are less active.⁵
 - Commercial physical activity-related facilities are less available in neighborhoods with low-income and minority residents, which contributes to lower levels of physical activity.¹⁵
- Women of all races, ethnicities and ages are less active than men.⁵
 - Women of color, particularly African-Americans in rural settings, are more likely to be sedentary.¹⁶
 - Physical inactivity impacts the prevalence of diseases among African-American and Hispanic adolescent girls.¹⁷
 - Due to better access to sports equipment, safety of neighborhoods and higher physical activity levels, white girls have more positive attitudes about exercise than African-American girls.¹⁸
- Minorities, particularly African-Americans and Hispanics, are less active.⁵
 - Many older African-Americans and Hispanics who performed hard physical labor throughout their lives do not view physical activity as voluntary or beneficial.^{17,19}
 - Racial and ethnic minority elderly populations benefit from community-based and faith-based programs that build on the cultural emphasis of family and faith.¹⁹
- Barriers to physical activity for minority youth and adolescents can include:
 - Costs of fitness club memberships and equipment, demands of child care and lack of safe environments in which to be active.¹⁷
 - Lack of emphasis on the importance of lifetime physical activity in schools attended by minority children.¹⁷
 - Absence of influential role models or consistent family involvement in physical activity.¹⁷

What Scientific Research Says

Increasing Physical Activity Saves Significant Costs & Promotes Health _____

- Increasing regular moderate physical activity among the more than 88 million inactive Americans over age 15 might reduce annual direct medical costs by as much as \$76.6 billion.²
- A sustained 10 percent weight loss reduces an overweight person's lifetime medical costs by \$2,200 to \$5,300 through lowered costs associated with hypertension, type 2 diabetes, heart disease, stroke and high cholesterol.¹
- Adults over 50 who engage in physical activity have improved functionality, a reduced risk of falling, are able to better manage chronic diseases such as diabetes and have lower incidence of premature death due to cardiovascular disease.¹⁹

Proven Strategies to Increase Physical Activity _____

- Communitywide media campaigns, including television, radio, newspapers, movie theaters, billboards and mailings, are effective in getting people to be more physically active. Campaigns are effective in both urban and rural communities and in different ethnic and socioeconomic groups.⁴
- Point-of-decision prompts, such as signs, are effective in increasing the percentage of people taking the stairs (rather than escalators or elevators) by approximately 54 percent and in increasing levels of physical activity.⁴
- School-based physical education is effective in increasing levels of physical activity and improving physical fitness.⁴
- Walking groups, buddy systems and other social supports increase physical activity time by 44 percent and frequency of physical activity by 20 percent. These programs improve fitness levels, lower body fat, increase knowledge of exercise and improve confidence in the ability to exercise.⁴
- Individually adapted health behavior change programs help individuals incorporate physical activity into their daily lives through learned behavioral skills. Programs can be tailored to each individual's interests, preferences and readiness for change.⁴
- Creating or enhancing access to places for physical activity combined with information outreach activities are effective in getting people to exercise more.⁴
- Urban design and land use policies can improve the level of physical activity in a community, improve green space, increase the sense of community, decrease isolation and reduce crime and stress.⁴

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CDC's State Legislation on Physical Activity

<http://apps.nccd.cdc.gov/DNPALeg/>

CDC's State Level Programs Promoting Physical Activity

<http://apps.nccd.cdc.gov/DNPAProg/>

http://www.cdc.gov/nccdphp/dnpa/physical/health_professionals/policy/index.htm

CDC's State Childhood Obesity Statistics

<http://www.cdc.gov/healthyyouth/overweight/facts.htm>

CDC's Self-Assessment & Planning Tool for School Health

<http://apps.nccd.cdc.gov/shi/default.aspx>

CDC's Encouraging Use of the Stairs

<http://www.cdc.gov/nccdphp/dnpa/stairwell/>

Active Living and Sustainable Communities

http://www.activelivingleadership.org/uploads/PDFs/brief_ALL_ActiveLivingPrimer_Oct2005.pdf

<http://icma.org/main/topic.asp?tpid=31&hsid=1>

Community Design

<http://www.activelivingleadership.org/ResoComm-3909.html>

Promoting Physical Activity

<http://www.ncppa.org/stateroster.asp>

School Curricula with Physical Activity Components

<http://www.thecommunityguide.org/pa/default.htm>

Status of U.S. Physical Education

<http://www.aahperd.org/naspe/ShapeoftheNation>

The Guide to Community Preventive Services/Physical Activity

<http://www.thecommunityguide.org/pa/default.htm>

Preventing Diseases:

Policies that work based on the research evidence

1) Promote healthy eating.

Policies that give kids healthier food choices at school can help curb rising rates of youth obesity. Ensuring that every neighborhood has access to healthy foods will improve the nutrition of many Americans.

2) Get people moving.

Policies that encourage more physical activity among kids and adults have been proven to reduce rates of obesity and to help prevent other chronic diseases.

3) Discourage smoking.

Policies that support comprehensive tobacco control programs—those which combine school-based, community-based and media interventions—are extremely effective at curbing smoking and reducing the incidence of cancer and heart disease.

4) Encourage prevention coverage.

Policies that encourage health insurers to cover the costs of recommended preventive screenings, tests and vaccinations are proven to increase the rates of people taking preventive action.

5) Promote health screenings.

Policies that promote—through worksite wellness programs and media campaigns—the importance of health screenings in primary care settings are proven to help reduce rates of chronic disease.

6) Protect kids' smiles.

Policies that promote the use of dental sealants for kids in schools and community water fluoridation are proven to dramatically reduce oral diseases.

7) Require childhood immunizations.

Requiring immunizations for school and child care settings reduces illness and prevents further transmission of those diseases among children. Scientific, economic and social concerns should be addressed when policies to mandate immunizations are considered.

8) Encourage immunizations for adults.

Policies that support and encourage immunizations of adults, including college students and health care workers, reduce illness, hospitalizations and deaths.

9) Make chlamydia screenings routine.

Screening and treating chlamydia, the most common sexually transmitted bacterial infection, will help protect sexually active young women against infertility and other complications of pelvic inflammatory disease (PID) that are caused by chlamydia.

10) Promote routine HIV testing.

Making HIV testing part of routine medical care for those aged 13 to 64 can foster earlier detection of HIV infection among the quarter of a million Americans who do not know they are infected.

Learn more about these and other proven prevention strategies at <http://www.ahrq.gov/clinic/uspstfix.htm>, <http://www.thecommunityguide.org/policymakers.html> and http://www.prevent.org/images/stories/health_policy.pdf.

What the CDC Does for States

The Centers for Disease Control and Prevention (CDC) is part of the United States Department of Health and Human Services, which is the main federal agency for protecting the health and safety of all Americans. Since it was founded in 1946 to help control malaria, CDC has remained at the forefront of public health efforts to prevent and control infectious and chronic diseases, injuries, workplace hazards, disabilities and environmental health threats.

Helping state governments enhance their own public health efforts is a key part of CDC's mission. Every year, CDC provides millions in grants to state and local health departments. Some funds are in the form of categorical grants directed at specific statutorily-determined health concerns or activities. Other funds are distributed as general purpose block grants, which the CDC has more flexibility in deciding how to direct and distribute.

The CDC does not regulate public health in the states. Rather, it provides states with scientific advice in fields ranging from disease prevention to emergency management. It also monitors state and local health experiences in solving public health problems, studies what works, provides scientific assistance with investigations and reports the best practices back to public agencies and health care practitioners.

For state legislators who are interested in improving their state's public health, the CDC offers a wealth of resources, including:

- Recommendations for proven prevention strategies;
- Examples of effective state programs;
- Access to top public health experts at the CDC;
- Meetings specifically aimed at state legislative audiences;
- Fact sheets on policies that prevent diseases; and
- State-specific statistics on the incidence and costs of disease.

This publication from the Healthy States Initiative is also an example of CDC's efforts to help states. The Healthy States Initiative is funded by a cooperative agreement with the CDC.

The CDC has developed partnerships with numerous public and private entities—among them medical professionals, schools, nonprofit organizations, business groups and international health organizations—but its cooperative work with state and local health departments and the legislative and executive branches of state government remains central to its mission.



The Council of State Governments' (CSG) Healthy States Initiative is designed to help state leaders make informed decisions on public health issues. The enterprise brings together state legislators, officials from the Centers for Disease Control and Prevention, state health department officials, and public health experts to share information, analyze trends, identify innovative responses, and provide expert advice on public health issues. CSG's partners in the initiative are the National Black Caucus of State Legislators and the National Hispanic Caucus of State Legislators.

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